Department of Labor and Industries This form must be filled out by a Vocational Rehabilitation



2nd 52 WEEK PERIOD

**** Counselor is response to this for	ponsible for send	ding		NG PLAN CO riginal	ST ENC	CUMBR. Modifi		
Claimant:				Date		Claim Number		
	Vendor Name	Vendor Name	Vendor Name	Vendor Name	8	vious 2 Week	Total L&I Funds	
Billing Category and Code	Provider No.	Provider No.	Provider No.	Provider No.]	Plan enditures		
Travel - R0330								
Tuition - R0310								
Books - R0340								
Equip - R0315							***************************************	
Supplies - R0312								
Child Care - R0390								
Other - R0350						**************************************		
Vendor Funds * Allocated								
Dates of Service	From: To:	From: To:	From: To:	From: To:				
»»»»»»»»»»»	»»»»»»	Total L&I Training	Funds Expended 2nd	1 52 Weeks:				
>>>>>>> Total			otal L&I Training F	unds Allocated 2nd	52 Weeks:			
Vendor Funds Alloc nay change when addition ocational counselor must be vendor has an outstand btain if required by the vendor and the vendor has an outstand btain if required by the vendor has a supplied to the vendor	al funds are alloca contact the affect ding bill that will ndor.	ated or if they are recalled ed vendor to determine to be paid. ** Vendor sign Recall of Fu	d (due to a need to use whether there are any or	the funding to meet oth utstanding bills. Funds require their signature t	er training need cannot be reco	ds). Before fur alled if they ha	nds are recalled, to we been spent or	
Vendor Representative:	······		Position:			Date Co	ntacted:	
Vendor Name:					Pro	vider No.		
Vendor Phone No. Vendor FAX No.			** Vendo	** Vendor Signature				
Reason for recall:			<u> </u>					
Vocational Counselor:			Date	Signature				
Company				Phone No.	none No. FAX No.			
		For	Dept Use Only					
Claims Manager Date Phone N				Signature	Signature			

Phone No.

Signature

Claims Manager

Recommended

Approved

Supervisor of Industrial Insurance

Date

Not Recommended

Disapproved